Hispanic Caucasian (NHC) patients in a managed care plan. **METHODS:** A retrospective claims database analysis was conducted using eligibility, pharmacy, and medical claims data from a large US health plan, supplemented by a linked database of socioeconomic characteristics (race, ethnicity, household income). Patients 6–64 years newly treated with ADHD therapy between January 1, 2000 and December 31, 2004, with continuous enrollment for 6 months prior and 12 months following the earliest ADHD prescription were selected. **RESULTS:** HIS subjects (N = 2827) were younger (mean age 19.0 vs 21.6 years), had shorter duration of continuous insurance coverage, and were in lower income brackets compared to NHC subjects (N = 59,820) ($p < 0.001$). Anxiety and depression were more commonly diagnosed among NHC (16% and 24%) compared to HIS subjects (13% and 20%). Though rates of single prescription filling for ADHD medications were high in both groups (27%), HIS subjects were less compliant with therapy compared to NHC subjects. HIS status was a significant predictor of total and ADHD-related health care costs during the follow-up period, controlling for patient age, index drug, insurance type, and geographic region. Among HIS, adjusted mean total costs were 21% lower than among NHC ($3295 vs $4187, $p < 0.001$); ADHD-related costs were 29% lower ($696 vs. $986, $p < 0.001$) for HIS vs. NHC. HIS subjects had fewer physician office and acute care visits during follow-up. Within race/ethnic groups, increasing income was associated with increased all cause, but decreased ADHD-related cost and utilization. **CONCLUSION:** This study indicates that total and ADHD-related health care costs are lower among HIS patients with ADHD than in NHC patients, with a greater difference for ADHD related costs than total costs. HIS subjects were less persistent with ADHD therapy and used fewer health care services compared to NHC subjects.

PMH33

PROFILING UTILIZATION PATTERNS OF ANTIPSYCHOTICS AMONG PATIENTS WITH BIPOLAR DISORDER: A CLAIMS DATA ANALYSIS

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OBJECTIVES: To profile antipsychotic use among bipolar disorder patients, including antipsychotic type, duration of use, gaps in therapy, and concurrent mood-stabilizer and antidepressant therapy. **METHODS:** Bipolar disorder patients with at least two antipsychotic prescriptions filled between January 1, 1999, and December 31, 2001 were extracted from a Medicaid database. Initiation of antipsychotic therapy was indicated by the absence of claims for antipsychotic medication within 90 days prior to the first prescription. Duration of therapy was calculated from the first prescription fill date to the end of 12 months follow-up or discontinuation of antipsychotic therapy. Gaps between refills were defined as the number of days between the depletion date and the fill date. A treatment gap category was calculated for each patient based on the longest continuous gap between refills. Antipsychotic use was considered to be first-line treatment if there were no claims for mood-stabilizers in the 12 months before antipsychotic initiation. Prescription claims in the 12-month follow-up period were examined to classify treatments as antipsychotic alone or combined with mood-stabilizer or antidepressant. **RESULTS:** Among 832 patients initiated on antipsychotics, 75.4% were initiated on atypicals and 24.6% on typicals. The average duration of therapy was 224.5 (±140.5) days. In total, 58.9% of patients had gaps between refills exceeding 30 days, and 22.7% had at least one gap exceeding 90 days. The average duration of the longest gap was 61.2 (±70.3) days. Antipsychotics were the first-line treatment in 66.8% of patients. During follow-up, 56.3% of patients used antipsychotics alone, 43.8% used combinations of antipsychotics and mood-stabilizers, and 73.7% used antipsychotics with antidepressants. **CONCLUSION:** Short duration of antipsychotic use and long gaps in therapy indicate poor adherence to therapy in bipolar disorder patients. About two-thirds of patients initiate antipsychotics before mood-stabilizers. Concomitant use of a mood-stabilizer or antidepressant with antipsychotic is highly prevalent.

PMH34

PHARMACOLOGIC TREATMENT OF GENERALIZED ANXIETY DISORDER WITH COMORBID DEPRESSION AND PAIN CONDITIONS

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OBJECTIVES: To examine pharmacologic treatment patterns for individuals diagnosed with Generalized Anxiety Disorder (GAD) with comorbid depression and/or pain. **METHODS:** Data were from PharMetrics Integrated Outcomes Database. Patients aged 18–64 were selected if they had a diagnosis of GAD (ICD9-CM: 30002) between January 2003 and June 2004, preceded by 6 months without GAD diagnosis, and continuous enrollment during 6-month prior and 12-month after GAD diagnosis. Treatment regimens during the year after GAD diagnosis were examined for six-classes of psychotropics (anxiolytics, antidepressants, anticonvulsants, noradrenergic agents, atypical antipsychotics, and hypnotics). Comparisons were made for patients with GAD only versus those with comorbid depression and/or pain conditions. Poisson regressions controlling patient demographic and clinical characteristics (including provider specialty and other comorbidities), were used to evaluate the impact of depression and pain on GAD treatment patterns. **RESULTS:** Of 36,435 patients (mean age 41.5 years, 67% female) included in this analysis, 23.8% had GAD only, 15.5% GAD/depression, 32.8% GAD/pain, and 28.0% GAD/depression/pain. For patients with GAD/depression/pain, 48.5% received anxiolytics, 15.7% anticonvulsants, and 15.4% hypnotics, 44.2% received ≥3 and 11.9% ≥6 of different drugs of psychotropics, which were all significantly higher than other groups. Compared to GAD/depression patients, GAD/pain received significantly more analgesics (46.2% vs. 21.3%, $p < 0.001$) and muscle relaxants (14.5% vs. 3.2%, $p < 0.001$), and less antidepressants (44.6% vs. 71.5%, $p < 0.001$). Regression results from Poisson model revealed that patients with GAD/depression/pain received 0.67 more classes of and 1.28 more number of psychotropic drugs ($p < 0.001$ for both) when compared to GAD only. Similar results were also observed for patients with GAD/depression and for those with GAD/pain though to a lesser extent. **CONCLUSION:** The findings suggest that there is a high comorbid prevalence of depression and pain with GAD. Associated with this high comorbidity, complex patterns of polypharmacy are common in the treatment of GAD.

PMH35

TREATMENT INITIATION WITH ATOMOXETINE VS. STIMULANTS FOR ADULTS WITH ADHD IN MEDICAID SETTINGS

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OBJECTIVES: To determine factors associated with initiation of atomoxetine (ATX), stimulants (STIM), or long-acting stimu-